

ROVER

Unleashed Birth Webinar

April 2021

ROVER Field Training Team

AskRover@health.ok.gov

Learning Objectives

- ▶ Queue Maintenance
- ▶ Entry of Data
- ▶ Data: NCHS
- ▶ Birth Fax Help
- ▶ Signature Pages
- ▶ Faxes
- ▶ Ongoing Obstruction on Barcodes; Delayed Timely Registration
- ▶ Definition of Live Birth and Fetal Death
- ▶ When should I file a Stillbirth Certificate?
- ▶ Filing a Stillbirth Certificate
- ▶ Guidance on Filling out Stillbirth Certificate
- ▶ The Decision Tree
- ▶ APGAR
- ▶ Understanding the Importance of Tab 2 and Item 16
- ▶ Frequent AOP and DOP Questions
- ▶ Paternity Questions
- ▶ Reminders
- ▶ Message from New Birth
- ▶ Paternity Handbook from DHS
- ▶ Guide to Completing Facility Worksheets
- ▶ Friendly ROVER Reminders
- ▶ Questions
- ▶ Let's Stay in Touch! ****New Phone Numbers****

Queue Maintenance

- ▶ ROVER News Messages are located on the top of the Home page when logged into ROVER. This is where important information is shared with users. Any trending issues, ROVER upgrades or changes to how the user will interact with the system will also be conveyed here for your convenience.
- ▶ It is important to work your queue daily and follow up with any records that have not moved forward with registration.
- ▶ This is very IMPORTANT in order to get Birth Certificates registered properly and in a timely manner.
- ▶ It is the responsibility of each facility to ensure their queue is up to date and issues are addressed in a timely manner.
- ▶ Any records on your queue when you login to ROVER should not be ignored and you should always ask questions regarding the cases that are still pending on your queue.

Entry of Data

- ▶ Things to remember...
 - ▶ Shortcuts diminish the quality of data.
 - ▶ Data entered into ROVER influences Medical Practice and Public Health Policy in countless ways.
 - ▶ The best information from the best source leads to the highest quality of data.
 - ▶ According to NCHS Oklahoma has marked unknown (entering 999999) above the tolerance rate and out of compliance with reporting standards.
 - ▶ Entering unknown can have negative impacts on our state.
 - ▶ If there are any doubts, **PLEASE Ask, Ask, Ask.**

Data:

What NCHS tells us about Oklahoma Reporting...

- ▶ The following continue to be identified as being marked unknown for our state at a rate above tolerance:
- ▶ Residence of Mother-Inside City Limits
 - ▶ Date of First Prenatal Visit-Day
 - ▶ Date of Last Live Birth-Year
 - ▶ Number of Live Births
 - ▶ Fetal Presentation- “Other”

Birth Fax Help

- ▶ To follow up with any records that have not registered contact Birth Fax Help at: birthfaxhelp@health.ok.gov
- ▶ Be sure to include the following information:
 - Child's Name
 - DOB
 - Bar Code#
 - Date Faxed
 - Explanation of Issue
- ▶ *Please note a fax machine confirmation page DOES NOT indicate a successful receipt of the document into the Fax Server*

Signature Pages

- ▶ When submitting signature pages remember you are faxing to a fax server. You are not faxing to a machine with a person on the other side.
- ▶ Each document is its own file so be sure each page has either the barcode or number written at the top to ensure it can be associated to the correct record.
- ▶ Please, **DO NOT** punch holes or put patient stickers on the barcode. Without a barcode, we will not know what record it should be attached to.
- ▶ Please no cover pages or letters.

Faxes

- ▶ ONLY the Signature Page and if applicable the AOP and DOP should be faxed. Also, remember the AOP and DOP must be submitted together, one is not valid without the other.
- ▶ Vital Records are legal documents and should be treated, as such. Submitting birth faxes like the following examples will delay timely registration for families trying to obtain records.

Obstructions on Barcodes

Please, **NO PUNCH HOLES** on barcodes.

Please, **NO PATIENT STICKERS** on barcodes.

Backsides of pages

03PA209E (OCSS-209)

Acknowledgment of Paternity

Acknowledgment of Paternity Rights and Responsibilities

Please read all information and instructions before signing this Acknowledgment of Paternity.

Use this form to establish paternity for a child born to parents who were not married to each other when the child was conceived or born. The biological father of the child named on the acknowledgment will have his name added to the child's birth certificate and the child's last name can be changed. By signing this Acknowledgment of Paternity to establish legal fatherhood, you give up your right to establish paternity later by genetic testing. The signers of this acknowledgment undertake the legal responsibility to support the child. If the child lives with someone other than both parents, the parents may have to pay child support. To safeguard everyone's legal rights in this process, please consider all of the information below.

The only man who should sign this acknowledgment is the biological father of this child. Do not sign this acknowledgment if you are not sure you are the biological father. You may sign the form later, as there is no time limit on establishing paternity if there is no father listed on the birth certificate. If you sign the form after the child's 18th birthday, the child must sign Form 03PA212E, Adult Child's (18 Years or Older) Consent Form. The adult child states on the form that he or she agrees to the addition of the father's name to his or her birth certificate.

Need help in deciding who is the biological father? You may obtain private genetic testing to determine paternity or receive those services with no up-front cost by opening a case with the Oklahoma Department of Human Services, Oklahoma Child Support Services (OCSS). If you have any questions about this form or OCSS services, please contact OCSS at 405-622-2273 in the Oklahoma City calling area, 918-295-3500 in the Tulsa calling area, or toll free at 1-800-622-2922.

By signing this Acknowledgment of Paternity you verify receiving oral notice of your rights and responsibilities. Please call your local number above to listen to the presentation and follow these steps:

- At the first voice prompt, select either 1 for English or 2 for Spanish.
- At the second voice prompt, select 2 for "All other callers."
- At the third voice prompt, select 4 for "Information on establishing paternity."

Other obstructions

FORM: 03PA10023 01-2020 007 107-00000 01-00000 01-00000 01-00000



OKLAHOMA DEPARTMENT OF HUMAN SERVICES

Acknowledgment of Paternity



OBSTRUCTIONS NEAR BAR CODES

Mar/17/2020 10:20:27 AM



MA DEPARTMENT OF H

Acknowledgment of I



AllianceHealth

Date:

To:

Fax Number:

From:

Name:

Delayed Timely Registration Due to Illegible Faxes

Be alert that the fax machine does not take in more than one sheet at a time, or we get split page like the one below.

The following AOP has punch holes. One of the holes partially covers the address, there is another number where the hole is. We CAN NOT accept Signature pages and AOP's with these types of obstructions.

STATE FILE NO.			
1. CHILD'S NAME (Last, First, Middle)		2. DATE BIRTH (Month, Day, Year)	
3. SEX		4. TIME BIRTH (Hour, Minute)	
5. PLACE BIRTH (City, State, County)		6. COUNTY OF BIRTH	
7. WEIGHT AT BIRTH (Pounds, Ounces)		8. LENGTH AT BIRTH (Inches)	
9. HEAD CIRCUMFERENCE AT BIRTH (Inches)		10. APOGEE (Crown to Heel) (Inches)	
11. COLOR OF SKIN (Race)		12. COLOR OF HAIR	
13. COLOR OF EYES		14. COLOR OF IRIS	
15. COLOR OF NOSE		16. COLOR OF MOUTH	
17. COLOR OF TONGUE		18. COLOR OF THROAT	
19. COLOR OF PALATE		20. COLOR OF UTERUS	
21. COLOR OF VAGINA		22. COLOR OF PERINEUM	
23. COLOR OF ANUS		24. COLOR OF RECTUM	
25. COLOR OF CERVIX		26. COLOR OF VAGINA	
27. COLOR OF UTERUS		28. COLOR OF PERINEUM	
29. COLOR OF RECTUM		30. COLOR OF ANUS	
31. COLOR OF VAGINA		32. COLOR OF PERINEUM	
33. COLOR OF UTERUS		34. COLOR OF PERINEUM	
35. COLOR OF RECTUM		36. COLOR OF ANUS	
37. COLOR OF VAGINA		38. COLOR OF PERINEUM	
39. COLOR OF UTERUS		40. COLOR OF PERINEUM	
41. COLOR OF RECTUM		42. COLOR OF ANUS	
43. COLOR OF VAGINA		44. COLOR OF PERINEUM	
45. COLOR OF UTERUS		46. COLOR OF PERINEUM	
47. COLOR OF RECTUM		48. COLOR OF ANUS	
49. COLOR OF VAGINA		50. COLOR OF PERINEUM	
51. COLOR OF UTERUS		52. COLOR OF PERINEUM	
53. COLOR OF RECTUM		54. COLOR OF ANUS	
55. COLOR OF VAGINA		56. COLOR OF PERINEUM	
57. COLOR OF UTERUS		58. COLOR OF PERINEUM	
59. COLOR OF RECTUM		60. COLOR OF ANUS	
61. COLOR OF VAGINA		62. COLOR OF PERINEUM	
63. COLOR OF UTERUS		64. COLOR OF PERINEUM	
65. COLOR OF RECTUM		66. COLOR OF ANUS	
67. COLOR OF VAGINA		68. COLOR OF PERINEUM	
69. COLOR OF UTERUS		70. COLOR OF PERINEUM	
71. COLOR OF RECTUM		72. COLOR OF ANUS	
73. COLOR OF VAGINA		74. COLOR OF PERINEUM	
75. COLOR OF UTERUS		76. COLOR OF PERINEUM	
77. COLOR OF RECTUM		78. COLOR OF ANUS	
79. COLOR OF VAGINA		80. COLOR OF PERINEUM	
81. COLOR OF UTERUS		82. COLOR OF PERINEUM	
83. COLOR OF RECTUM		84. COLOR OF ANUS	
85. COLOR OF VAGINA		86. COLOR OF PERINEUM	
87. COLOR OF UTERUS		88. COLOR OF PERINEUM	
89. COLOR OF RECTUM		90. COLOR OF ANUS	
91. COLOR OF VAGINA		92. COLOR OF PERINEUM	
93. COLOR OF UTERUS		94. COLOR OF PERINEUM	
95. COLOR OF RECTUM		96. COLOR OF ANUS	
97. COLOR OF VAGINA		98. COLOR OF PERINEUM	
99. COLOR OF UTERUS		100. COLOR OF PERINEUM	

This legal document establishes paternity under Oklahoma law. Do not sign unless you understand your rights and responsibilities as explained on the back of this form. **Type or print in ink by pressing hard.** No cross outs, correction fluid, or alterations are allowed.

Name of hospital or entity completing form
SOUTHWESTERN MEDICAL CENTER

Child's information as it now appears on birth certificate.

Child's first name [REDACTED]	Middle [REDACTED]	Last [REDACTED]	Suffix	Social Security number [REDACTED]
Date of birth [REDACTED]	Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Place of birth, city [REDACTED]	County [REDACTED]	State OK
Mother's first name [REDACTED]		Middle [REDACTED]	Last [REDACTED]	Male [REDACTED]
Date of birth 05/24/1994		Social Security number [REDACTED]		Daytime phone number [REDACTED]
Current street address [REDACTED]			City [REDACTED]	State OKLAHOMA
Was mother married at time of conception or birth? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, husband's name [REDACTED]		If yes, husband/former husband must con- Denial of Paternity, and attach it to this For
Father's first name [REDACTED]		Middle [REDACTED]	Last [REDACTED]	
Date of birth [REDACTED]	Place of birth, state or foreign country OKLAHOMA		Social Security number [REDACTED]	Day [REDACTED]
Current street address 515 NW [REDACTED]			City [REDACTED]	State OKLAHOMA
Have you taken a genetic test to determine paternity of this child? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Delayed Timely Registration Due to Illegible Faxes Cont...

Please be mindful that we cannot accept AOP's with "cross outs, correction fluid or alterations".

This image shows a portion of an Affidavit of Paternity (AOP) form. It features two columns for witness information. In the left column, the 'Witness signature' field contains a signature with a large 'X' over it, and the 'Printed name' field has '-OKC' written next to it. In the right column, the 'Witness signature' field also has a signature with a large 'X' over it, and the 'Printed name' field has '-OKC' written next to it. A red circle highlights the 'Witness signature' field in the right column. At the bottom, there is a note: '1. Witnesses cannot be related to mother or father. Distribution of copies: while in OADM Division'.

We consistently receive Signature pages and AOP'S that are upside down as shown below. The fax date and time stamp on top are in the correct position showing the page was sent upside down.

This image shows a full AOP form oriented upside down. At the top (which would be the bottom if oriented correctly), there is a fax date and time stamp: '06/07 - 20:40' and 'MAY 01 11:11'. The form itself contains various fields for parent and child information, including names, dates of birth, and addresses. The 'Signature of Father' field is at the top, followed by the 'Signature of Mother' field. The 'Division of Vital Records' logo is visible. The form is oriented upside down, with the fax information at the top.

Definition of Live Birth and Fetal Death

- ▶ “The term live birth means the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction breathes or shows any other evidence of life such as a beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles whether or not the umbilical cord has been cut or the placenta is attached” (Section 63-1-301 (F), Statutes Annotated) (CDC, 2021).
- ▶ “The term fetal death prior to the complete expulsion or extraction from its mother of a product of human conception after a period of gestation as prescribed by the State Board of Health. The death is indicated by the fact that, after such expulsion or extraction, the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles” (Section 63-1-301 (F), Statutes Annotated) (CDC, 2021).

When should I file A Stillbirth Certificate?

- ▶ *A fetal death occurs when there is no sign of life at the time the fetus is delivered. In this case, if the fetus is at least 12 weeks gestation, then a fetal death/stillbirth certificate MUST be filed.*
- ▶ If there is any sign of life (even one heartbeat, one breath, or other sign of life), then a Live Birth Certificate MUST be filed. The gestational age or length of life does not matter.
- ▶ If the infant dies prior to discharge (regardless of whether it occurs seconds, hours, days or weeks after the live birth), then a Death Certificate MUST also be filed.
- ▶ Should questions ever arise on how to properly complete or file a stillbirth certificate, please contact the Vital Records Death Registration Unit at OKCDeathRegistration@health.ok.gov.

Filing a Stillbirth Certificate

- ▶ The entity who assumes custody of the fetus is responsible for filing the Death Certificate within three (3) days.
- ▶ Depending on the situation, this may be the hospital, Funeral Home, or the family. Whoever assumes the role of Funeral Director is required by law to file the Stillbirth Certificate with the Oklahoma Vital Records Division.
- ▶ In the case where a hospital would release the body to the family, the Oklahoma Vital Records Division (VR) recommends that the hospital offers to file the certificate for the family.
- ▶ This is not required by law; however the hospital already has the required information, access to the certifier for signature, and a process in place for filing the record; so it can be done quickly and without significant disruption of business. If the hospital chooses not to file the certificate, then Oklahoma Vital Records asks that the hospital inform the family of their legal responsibility. If no notification is provided to the family, it is unlikely a record will ever be filed.
- ▶ *Oklahoma VR is unlikely to be aware of the event or have the information necessary to contact the family. However, this will lead to incomplete counts of events and the family will regrettably be in violation of state law. If the family does not file the record, then the family will be required to contact the hospital to obtain the medical information. Delaying the filing wiling of these records will prove to be more time consuming than filing shortly after the occurs.*

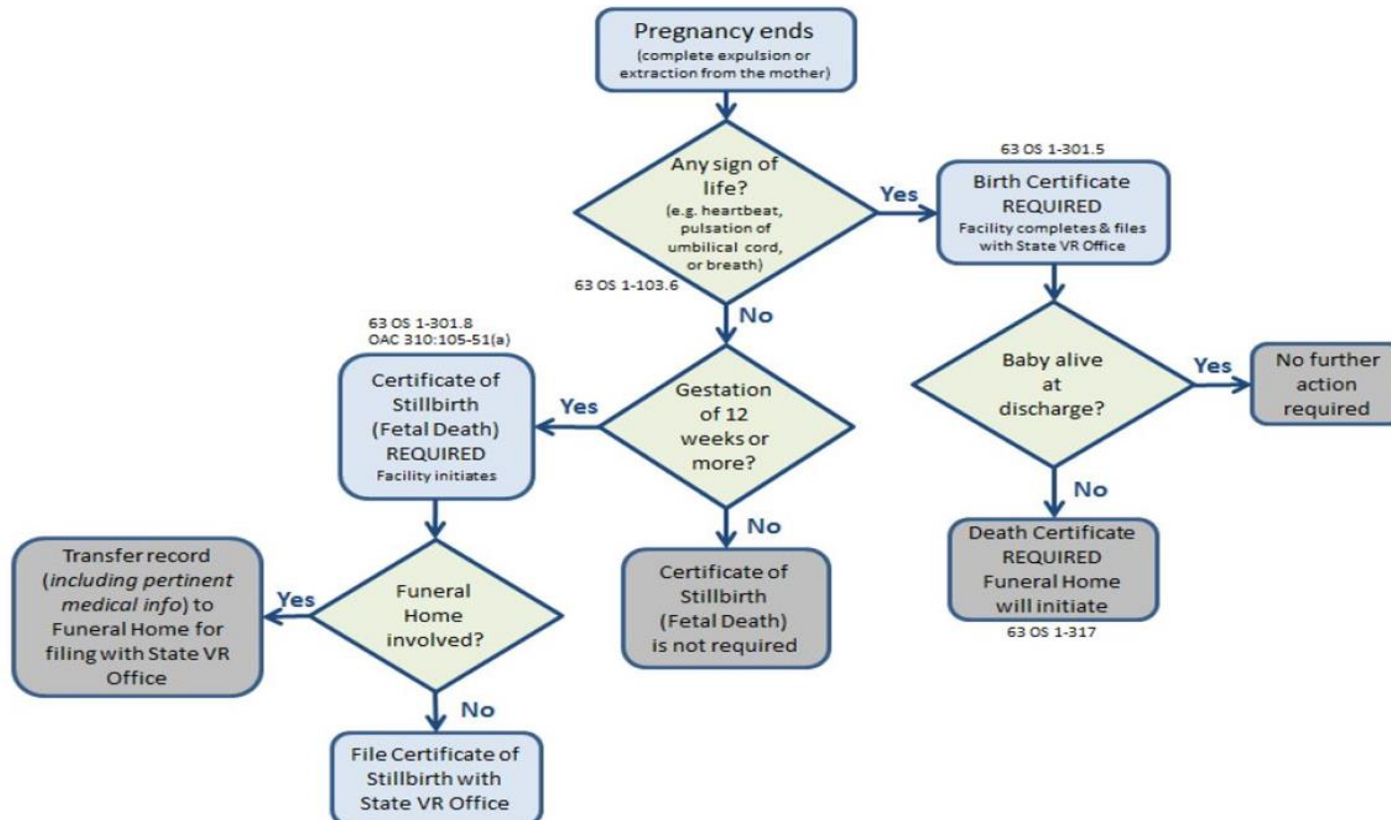
Guidance on Filling out Certificate of Stillbirth

- The **Attending/Delivering physician's** information in items 8 a, 8b and 8c should be filled out prior to Funeral Home picking up the body. This completed form should then be provided to the funeral director or person acting as such to complete their remaining part of the Stillbirth Certificate.

CERTIFICATE OF STILLBIRTH			
STATE OF OKLAHOMA-DEPARTMENT OF HEALTH			
STATE FILE NO 135-			
1. NAME (First, Middle, Last, Suffix) - Optional at the discretion of the parents		2. TIME OF DELIVERY (24hr)	3. SEX (M/F/Unk)
4. DATE OF DELIVERY (Month, Day, Year)			
5a. PLACE WHERE DELIVERY OCCURRED (Check one) <input type="checkbox"/> Hospital <input type="checkbox"/> Freestanding birthing center <input type="checkbox"/> Clinic/Dr's Office <input type="checkbox"/> Home Delivery - Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (Specify) _____		5b. FACILITY NAME: If not institution, give street and number	
5c. FACILITY ID. (NPI)			
5d. CITY, TOWN OR LOCATION OF DELIVERY		5e. ZIP CODE OF DELIVERY	5f. COUNTY OF DELIVERY
6a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		6b. MOTHER'S LAST NAME PRIOR TO FIRST MARRIAGE	6c. MOTHER'S DATE OF BIRTH (Month, Day, Year)
6d. MOTHER'S BIRTHPLACE (State, Territory, or Foreign Country)			
6e. MOTHER'S RESIDENCE ADDRESS Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No County: _____			
Street & Number: _____		Apartment Number: _____	City or Town: _____
7a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		7b. FATHER'S DATE OF BIRTH (Month, Day, Year)	7c. FATHER'S BIRTHPLACE (State, Territory, or Foreign Country)
8a. ATTENDANT'S NAME, TITLE AND NPI NAME: _____ NPI: _____ TITLE: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> OTHER (Specify) _____		8b. I hereby certify that this delivery occurred on the date stated above and the fetus was born dead. Attendant Signature: _____	
8c. DATE CERTIFIED (Month, Day, Year)			
9. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Hospital Disposition <input type="checkbox"/> Donation <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify): _____			
10a. FUNERAL HOME FACILITY: _____ DIRECTOR: _____		11. REGISTRAR'S SIGNATURE • _____	
10b. FUNERAL HOME MAILING ADDRESS Street & Number or Rural Route: _____ City or Town: _____ State: _____ Zip: _____		12. DATE FILED WITH REGISTRAR (Month, Day, Year)	

The Decision Tree

- Should questions arise on how to properly complete or file a vital record; or which record should be filed, please, contact the Oklahoma State Department of Health, Office of Vital Records at, AskVR@health.ok.gov.

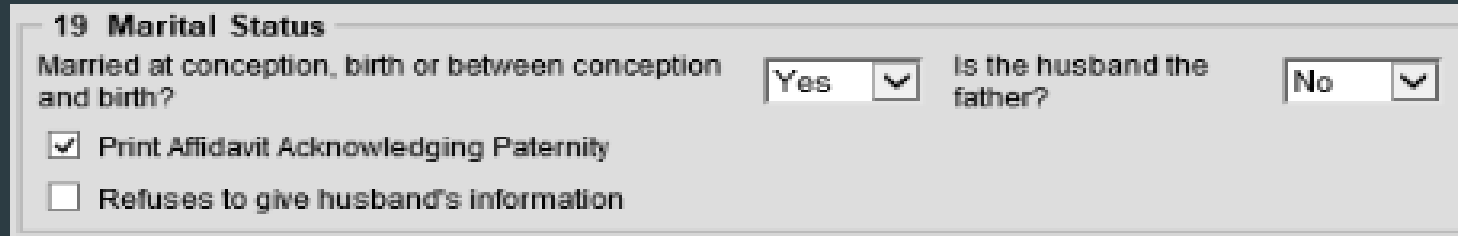


Reporting APGAR

- ▶ While most hospitals generally conduct a 1 minute and 5 minutes APGAR, ROVER requires the 5 minute and if necessary the 10 minute APGAR
- ▶ The National Center for Health Statistics (NCHS) has identified facilities in Oklahoma that are reporting the 1 minute and the 5 minute APGAR in ROVER. Reporting incorrect information to NCHS skews data that is reported for our State.
- ▶ If you are worried that your facility might be reporting inaccurate data, please contact AskROVER@health.ok.gov and Field Representative can review statistics with your facility to identify any reporting issues.

Filling out Tab 2

- ▶ The Marital Status section drives several choices further down the record.



The screenshot shows a form titled "19 Marital Status". It contains two dropdown menus: "Married at conception, birth or between conception and birth?" with "Yes" selected, and "Is the husband the father?" with "No" selected. Below these are two checkboxes: "Print Affidavit Acknowledging Paternity" (checked) and "Refuses to give husband's information" (unchecked).

- ▶ If the mother is married, and the husband is the father, then enter Yes and Yes.
- ▶ If the husband is available to sign the Denial of Paternity AND the biological father is available to sign the Acknowledgement of Paternity, then check the box indicating Print Affidavit Acknowledging Paternity. This will allow ROVER to print an Acknowledgment and Denial of Paternity Form.
- ▶ If the mother is married but refuses the husband's information, please be aware that the record will be marked as INCOMPLETE and the certified State Birth Certificate would NOT be issued until legal paternity has been established.
- ▶ If the mother was not married, then enter No.

Tab 2 (Continued)..

- ▶ If on any of the options, besides not married, the mother is refusing to give the husbands information, then you want to check the box Refuses to give husband's information. This box should be checked whether the husband is or is not the father.
- ▶ Please NOTE: ITEM 16: MUST be entered as NO and NO in this case. Please explain to the mother that the record will be marked as INCOMPLETE and she will not be able to receive a copy of the birth certificate or receive a Social Security Card until the information is provided and the additional fee of \$25 is paid to the State, per State Law.

Birth - First: TRAINING Last: BIRTH

1 Child | 2 Mother (Parent I)/Request SSN | 3 Mother (Parent I) History | 7 Birthplace | 8 Attendant/Certifier | 9 Mother Info | 10 Pregnancy Info | 11 Child Medical Info | 12 Ancestries

1.3 Record Actions

Adoption
Type of adoption: Select

12a Mother (Parent I) Legal Name
Type of parent: NATURAL
Parent label list: MOTHER
Label for this parent: MOTHER
☐ Occupational Center
First: MOTHER
Middle:
Last: BIRTH
Suffix: Select
Sex: FEMALE

12b Mother (Parent I) Maiden Surname
Last name prior to last marriage: WADSWORTH

12c Mother (Parent I) Date of Birth
Date of birth (mm/dd/yyyy): 01/01/1984
Childbirth age: 25

12d Mother (Parent I) Birthplace
Country: UNITED STATES
State/province: OKLAHOMA

13 Marital Status
Married at conception, birth or between conception and live? Yes ☐ No ☐ Is the husband the father? Yes ☐ No ☐
☒ Print Affidavit Acknowledging Paternity
☐ Refuses to give husband's information
Clear All Mother (Parent I) Information
☐ Enable clear of mother/parent's info Select CLEAR to remove mother/parent's info Select
Clear All Father (Parent II) Information
☐ Enable clear of father/parent's info Select CLEAR to remove father/parent's info Select

Clear All Husband (Denial) Information
☐ Enable clear of husband info Select CLEAR to remove husband info Select

13 Mother (Parent I) Residence Address
Address: 123 MAIN STREET
Apartment number:
Country: UNITED STATES
State/province: OKLAHOMA
County: OKLAHOMA
City list: OKLAHOMA CITY
City or town: OKLAHOMA CITY
Zip code: 73162
Validate address: Validate
☒ Accept address without validation
Inside city or town limits: Yes
Address validated: N

14 Mother (Parent I) Mailing Address
☒ Same as residence
Address: 123 MAIN STREET
Apartment number:
Country: UNITED STATES
State/province: OKLAHOMA
County list: Select
County: OKLAHOMA
City list: Select
City or town: OKLAHOMA CITY
Zip code: 73162

16 Permission Given to Request Social Security No Issuance
Permission given to request issue of SSN for child? Select
Permission given to send birth data to Oklahoma State Department of Health registries? Select

Previous Next Finish Cancel

Item 16 (Continued)...

- ▶ If the mother only gives SOME of the husband's information, enter this information in the Comments Among Users Box at the end of the record.
- ▶ If she gives all the information except for his Social Security Number, you may enter this in the record and enter all nines in the Social Security Number box. However, the record will still be marked as Incomplete, since this information is required by Federal Law. Item 16 Must still be marked as NO and NO.
- ▶ Also, if the child is not named (Baby Girl or Baby Boy), or deceased, Item 16 must be set to NO and NO. This prevents someone from establishing an identity for someone who is deceased or for a child not named.
- ▶ Every birth will also include a signature page that you must fax into us. The signature page needs to reflect Box 16's choices, as well as needing to have all required signatures. You should not hold onto the signature page and wait for the mother to come back and complete it. Please, ensure you obtain the signatures right away and fax it in. Missing or incomplete signature pages will result in Item 16 being a NO and NO.

Frequent AOP and DOP Questions

- ▶ Can the DOP be submitted separate from the AOP?
 - ▶ The DOP and AOP should be submitted together. The DOP is NOT acceptable without a valid AOP. The form needs to be signed by both parents and acceptable witness in order to be processed and valid.
- ▶ Can two males sign the AOP?
 - ▶ No, the biological mother must be the “mother” on the AOP.
- ▶ Can two females sign the AOP?
 - ▶ Yes.
- ▶ Can I submit the AOP if the parents have not signed it?
 - ▶ While you can submit the document without signatures, it is not valid so please, do not add the father on the Birth record.

Paternity Questions

- ▶ What does it mean to establish paternity?
 - ▶ Setting up or establishing paternity is the legal process used to show who is the legal father of a child.
- ▶ If paternity wasn't established when the baby was born, how can I get paternity established now?
 - ▶ In many cases, the parents still set up paternity using the AOP form. Either parent can also open a case with child support to establish paternity. Parents can also file action in district court privately. The parents will have the chance to admit paternity or do DNA testing. To request an application for services, or to get more information, call the Child Support Customer Service toll-free at 1-800-522-2922.
 - ▶ Should paternity be established if the mother is going to marry someone else and that man plans to adopt the child?
 - ▶ Yes. It is important to establish paternity as soon as possible for both parents and the child. Additionally, benefits such as Social Security, Veterans, and insurance coverage are only available to the child if paternity has been established.

Reminder

- ▶ The ONLY time hand written signature pages are to be utilized is if ROVER is down for extended periods of time.
- ▶ Lack of coverage on the part of the hospital is not a substantial reason for submitting hand written signature pages.
- ▶ The New Birth Department will no longer accept hand written signature pages from facilities when no significant system issues have been substantiated.
- ▶ Please, ensure your facility is following the prescribed procedures.

Message from New Birth

- ▶ There is a growing number of **Correction Letters** being sent to our New Birth Unit for processing.
- ▶ “A parent named on the birth certificate must review the completed Signature Page. The parent should **NOT** sign the form if any errors are contained on the form. Hospital Staff should correct the record and return with a new Signature Page for review and signature. Once all items are correct, the form should be signed and submitted to Vital Records”.
- ▶ As we have addressed many times, data matters and mistakes cost. Any correction made to a record after submission will automatically generate a **\$25 fee**.
- ▶ “Delays filing and/or issuance of the official birth record are caused by mistakes that could be easily alleviated if the form is reviewed and mistakes corrected as needed before the record is submitted for permanent filing. Proper review will alleviate unhappy parents and save unnecessary delays and valuable time for hospital staff and Vital Records to make corrections in the future”.
- ▶ Please educate your patients/mother’s when possible about the \$25 associated fee.

DHS Paternity Handbook

- ▶ <https://oklahoma.gov/content/dam/ok/en/okdhs/documents/okdhs-publication-library/98-18.pdf>
- ▶ AOP Training for Hospitals on the DHS website. Here it is!

("Oklahoma Child Support Services: Paternity Frequently Asked Questions." Human Services Department - OKDHS, 2021, oklahoma.gov/okdhs/services/ocss/patfaq.html).

ACKNOWLEDGMENT OF PATERNITY TRAINING FOR HOSPITALS

Do you have new employees responsible for the completion of Acknowledgment of Paternity forms? Do you need a refresher of the AOP Process? Child Support Services is proud to announce an exciting new vehicle for AOP training.

Visit www.oklms.org and click New User Registration to get started. Read the text, click "Continue" and then choose "I am interested in Acknowledgement of Paternity training." Create a User ID by entering your name, email, phone number, User ID and password. It is important to select which hospital you work for from the Facility drop-down menu.

Once registered, you can log in with your User ID to access the Acknowledgement of Paternity training modules. Once you log in, click on the "Online Courses" tab at the top of the page. "Voluntary Paternity Acknowledgement" is listed under Required Training. There are four modules. Each one takes approximately 10-15 minutes.

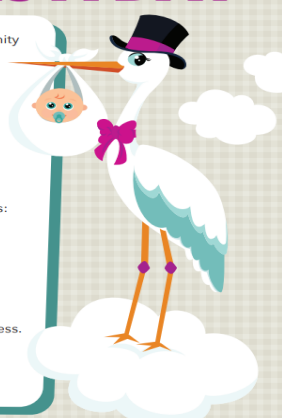
Child Support Services also offers these training resources for hospitals:

- * The Paternity Handbook, DHS Pub. 98-18
- * Understanding Your Rights & Responsibilities cards, 3"x5" index card, Pub. 04-20
- * Paternity Acknowledgment DVD
- * Paternity Acknowledgment VHS tape

Email Child Support Services at OCSS.Contact.Paternity@okdhs.org to request copies for your staff or waiting area. Include your name, quantity needed, pub. name and number, and a physical mailing address.

DHS Pub. No. 13-30 Issued 12/2013
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ONLINE www.oklms.org AVAILABLE 24 HOURS A DAY



Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death

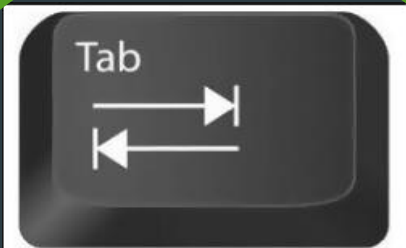
- ▶ Developed by the National Center for Health Statistics (NCHS) and local partners, this e-Learning package is designed to help us all better understand and improve the quality of birth data. The data coming from this Birth information is crucial to gathering data for Public Health purposes.
- ▶ Since the training provides awareness of the importance of quality data, it should be helpful for existing staff as well as new employees. This e-Learning session is well laid-out, educational, and continuing education units (CMEs, CNEs, CEUs, CPHs) are available.
- ▶ <https://www.cdc.gov/nchs/training/BirthCertificateElearning/>



Friendly ROVER Reminders

CAUTION CAUTION CAUTION

- ▶ Please, remember that ROVER is a TAB based system, so please TAB through each line when filling out the New Birth information so that the system records all data entered.
- ▶ ****IMPORTANT**** Please, DO NOT use the ENTER KEY on your keyboard to click “NEXT” or “FINISH” when filling out the New Birth information in ROVER. Please, use your mouse when moving on to the next page.
- ▶ The ROVER Help Desk is for tech support, only. Please, DO NOT refer patients with questions to the ROVER Help line.



Questions?



Let's Stay In Touch!

New Birth

birthfaxhelp@health.ok.gov

405.426.8890

ROVER

AskRover@health.ok.gov

405.426.8686

Death Registration

OKCDeathRegistration@health.ok.gov

405.426.8870